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Bib Data Sheet

CONFIRMATION NO. 5223

SERIAL NUMBER 10/828,469	FILING OR 371(c) DATE 04/21/2004 RULE	CLASS 606	GROUP ART UNIT 3773	ATTORNEY DOCKET NO. 100873-273 (END6430USCNT8)
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** CONTINUING DATA *****

This application is a CON of 09/859,579 05/18/2001 PAT 6,821,285 which is a CIP of 09/574,424 05/19/2000 PAT 6,494,888
which is a CIP of 09/520,273 03/07/2000 PAT 6,663,639
and is a CIP of 09/519,945 03/07/2000 PAT 6,506,196
which claims benefit of 60/140,492 06/22/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	48	147	20
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

TISSUE RECONFIGURATION

FILING FEE RECEIVED 3159	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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